

Choose Well.

Live Well.

Benefits for Plan Year 2019-2020
(Effective 7/1/19 to 6/30/20)



LOUISVILLE METRO GOVERNMENT
GREG FISCHER, MAYOR



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PLAN YEAR 2020 OPEN ENROLLMENT COMPUTER LAB SCHEDULE

If you do not have access to a computer or laptop with internet access, a computer lab will be available to ALL Metro Government employees:

DATE	LOCATION	PC LAB OPEN
TUESDAY - THURSDAY, 4/30-5/2	Metro Hall Annex– 3rd Floor 517 Court Place Ste 301	10:00 a.m. – 2:00 p.m.



Choose Well. Live Well.

Benefits for Plan Year 2019-2020

About this booklet

This booklet contains brief highlights of some of the major features of certain employee benefit plans offered by Louisville Metro Government. Every effort has been made to ensure the accuracy of these highlights. However, the plans are actually governed by plan documents and applicable legal requirements. If there is a conflict between the descriptions in this booklet and the plan documents or applicable legislation, the documents and/or legislation will take precedence over this booklet.

For more information about any of the benefit plans, consult the certificate or summary plan description, available from your provider or the MyMetro HR homepage.

VENDOR INFORMATION SESSIONS

DATE	LOCATION	
TUESDAY, MARCH 26	Metro Fleet Services - Breakroom 3515 Newburg Road	8:30 a.m. - 11:30 a.m. 1:00 p.m. - 4:00 p.m.
WEDNESDAY, MARCH 27	Memorial Auditorium - 970 South 4 th Street *Metro Employees will need to show their badge	8:30 a.m. - 11:30 a.m. 1:00 p.m. - 4:00 p.m.
THURSDAY, MARCH 28	Louisville Zoo - 1100 Trevilian Way	8:30 a.m. - 11:30 a.m. 1:00 p.m. - 4:00 p.m.

WELCOME

Dear Fellow Louisville Metro Employee,

The following pages offer basic information about the Louisville Metro Government Benefits Package for Plan Year 2019-2020 (PY20).

If you do not access your open enrollment, then your current benefits will remain the same, excluding your Flexible Spending Account (FSA). **FSA contributions must be elected every plan year.**

You can log on from any internet connection outside of the Louisville Metro internet network between April 15 and May 3 by going to our secure Open Enrollment site at <https://hr.louisvilleky.gov>.

If you need help with Open Enrollment, there are several options:

- **OE Booklet**– The booklet outlines key features about each of our highly-competitive and employee-focused plans that offer you incentives, rewards and options that will reduce health care costs and promote a healthier lifestyle.
- **Vendor Information Sessions** – Representatives from our insurance providers will be available for questions and assistance during our Vendor Information Sessions. Dates and times can be found on the previous page. These are open sessions and registration is not needed.
- **Computer Lab** – We will again offer a computer lab to assist employees who may not have internet access at work or home. Please refer to the schedule on the inside of the front cover for the location and hours.
- **OE Hotline** – You can call our Open Enrollment Hotline at 574-3040, or email us at mybenefits@louisvilleky.gov at any time during the open enrollment period with any questions.

* Important – Please note:

- **You must re-enroll if you wish to participate in the FSA benefits from July 1, 2019, to June 30, 2020.** Failure to do so will stop your medical FSA and/or dependent care FSA contributions.
- Be aware, however, that your Health Reimbursement Account (HRA) **will not rollover for plan year 2019. Any funds that are not used at the end of the benefit year 2020, will carry over to the next year, giving you more money to use for medical and pharmacy expenses in the new plan year.** You can read all about the HRA and how it works on page 12.

We look forward to assisting you in this year's Open Enrollment!

Best Regards,



BENEFITS AT A GLANCE

Benefits at a glance; for LMPD FOP members - see separate plan summary sheet provided by Metro HR Benefits.

Benefit	Option
MEDICAL¹ Managed by Humana	Humana Managed Choice (HDHP) For LMPD FOP members, see separate plan summary sheet provided by Metro HR Humana Balanced Choice (PPO) Humana Choice (PPO)
SMARTSHOPPER	Rewards program for cost effective choices through cash incentives
METRO EMPLOYEE WELLNESS CENTER Managed by Concentra	Wellness and medical care for enrolled Metro Employees and covered dependents
Dental¹ Provided by Delta Dental of Kentucky	DeltaCare (Dental DHMO) Delta Preferred (Dental PPO) Delta Premier (Indemnity)
Vision¹ Provided by VSP	Covers exams and glasses from network providers after a copayment, or for a fee from non-network providers
Long-Term Disability (LTD)¹ Provided by Lincoln Financial Group	Basic LTD: Louisville Metro pays full cost; 50 percent of basic monthly salary for eligible employee groups*
Life Insurance and Accidental Death and Dismemberment (AD&D)¹ Provided by Lincoln Financial Group	Basic Life (Louisville Metro pays full cost) –Union employees: \$5,000, \$15,000, \$50,000 or one times annual pay up to \$50,000* –Non-union employees: One times annual pay up to \$50,000. Coverage is convertible, at your expense, if you leave Louisville Metro employment Basic AD&D (Louisville Metro pays full cost) –Union employees: \$5,000, \$15,000, \$50,000 or one times annual pay up to \$50,000 –Non-union employees: One times annual pay up to \$50,000 Supplemental Life (Employee pays full cost) May purchase selected amounts from \$10,000 up to 3 times your annual salary, whichever is less. Coverage is portable if you leave Louisville Metro employment.
Dependent Life Insurance¹ Provided by Lincoln Financial Group	Optional Dependent Life (Employee pays full cost) –Union employees: \$2,500 for spouse and each child or \$7,500 spouse and \$1,000 each child* –Non-union employees: \$7,500 for spouse and \$1,000 each child
Flexible Spending Accounts Administered by WageWorks	Medical reimbursement account: May contribute up to \$2,700 per year Dependent care account: May contribute up to \$5,000 per year
Health Reimbursement Account Administered by WageWorks	Included with the Managed Choice Plan and Balanced Choice Plan only Funded by Louisville Metro Government Contributions
Child Care Assistance Administered by Metro HR Benefits	Covers a portion of child care expenses for employees who were eligible for the Earned Income Tax Credit and as designed by Metro Ordinance
Voluntary Benefits	Kentucky Educational Trust (529 Plan) Tuition Reimbursement Bank On Louisville
Employee Assistance Program Provided by Magellan Behavioral Health	Up to 5 confidential and free counseling sessions per incident, per year. Call 800-588-8143.
Voluntary Insurance Programs	AFLAC: Accident Insurance and Short-Term Disability and Hospital Indemnity Allstate Benefits: Cancer, Critical Illness and Universal Life Insurance Nationwide 457(b): Deferred Compensation Program
NEW THIS YEAR	Wellness Incentive G0365 Purchasing Power: Experience a new way to buy

*Refer to your Collective Bargaining Agreement ¹For copies of the summary plan descriptions and/or policies, please visit the MyMetro HR Benefits home page.

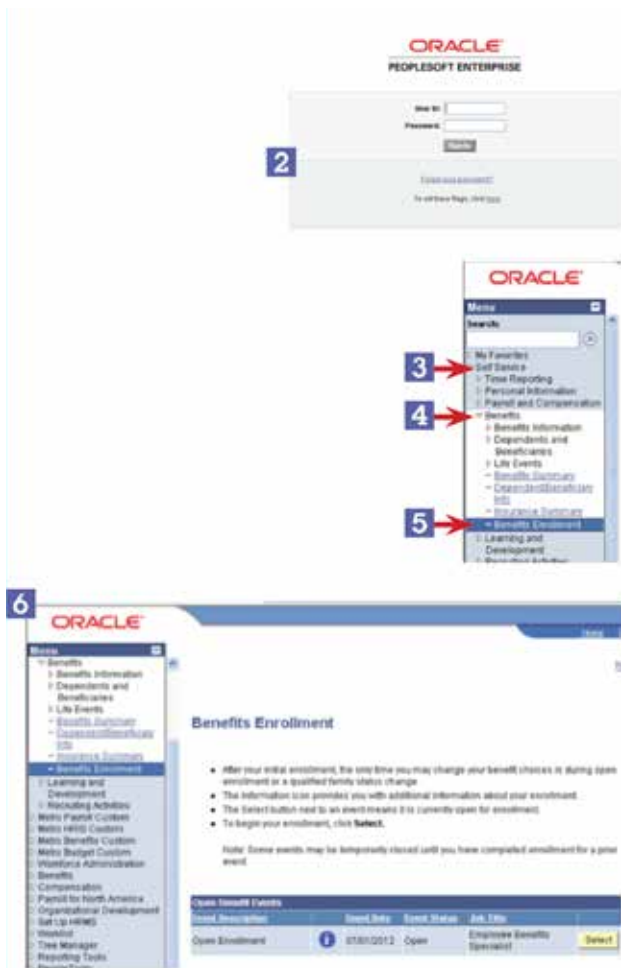
ENROLLING

As in the past, you can enroll in your Plan Year 2019-2020 (PY20) employee benefits from work, home or wherever internet access is available. To enroll from work, you'll need to access Louisville Metro Government's online enrollment system. Follow the directions below to log in to the enrollment system through your work computer – using the employee website, MyMetro

You can enroll from home (or anywhere else Internet access is available) using the same enrollment steps in this booklet. However, you'll need to access the

Louisville Metro Government enrollment system by visiting <https://hr.louisvilleky.gov>.

If you do not have access to a computer, a computer lab will be available during the Open Enrollment period. Please see the inside front cover for the date, times and location. For your convenience, personal assistance will be available at that time.



1 Open your Internet browser (e.g., Internet Explorer) and go to our employee web site, MyMetro. At the left, in the blue box, click on myHR/myPay.

2 Enter your User ID and password (password is case sensitive). If this is your first time logging in to PeopleSoft, your initial password is your User ID followed by the last four digits of your Social Security number. Click on Sign In or hit the Enter or the Return key on your keyboard.

3 Once logged on, you will be directed to the PeopleSoft homepage where you can click the **Self Service** menu item.

4 On the new page, click on Benefits. . .

5 . . . then click on Benefits Enrollment.

6 You will now see the **Benefits Enrollment for PY20** screen showing what you are allowed to access. If you click on the blue "i" icon, there will be some information about that particular event. To begin the enrollment process, simply click on the yellow SELECT button.

7 This will take you to the Benefits Enrollment Summary page. On this page, you'll be able to view:

- Your current plan elections;
- What new plan types are available to you;
- Rates for each plan.

Remember, if you wish to participate in a FSA, you must enroll each plan year.

ENROLLING

To make a change to your plans for PY20, simply click on the Edit button by the respective plan. This will open the election page for the plan you selected. Note: Health, dental and vision elections are separate from each other. Therefore, you must enroll each dependent separately for each of the coverage plans.



8 Only the options for which you are eligible will appear. You should notice that your current coverage is indicated as the selected option. Click on the plan of your choice.

9 The coverage level (i.e. Employee Only, Employee + Spouse, Employee + QA, etc.) will be chosen for you automatically as you select the dependents you wish to cover. To add or review your dependents on file, scroll down to the bottom and click the Add/Review Dependents button.

10 You will be directed to a page that shows all your dependents on file. You can edit a dependent by clicking on their name. To add a new dependent, click on Add a Dependent. Because the system retains history, individuals previously covered will appear in your dependent listing. Only selected individuals will have coverage.

11 If you are adding a dependent or a qualifying adult (QA), you must enter a birth date and social security number. When you're finished, click Save at the bottom of the page.

12 Next, you will be directed to a confirmation page saying the save was successful. Click OK to go back to the Dependent/Beneficiary edit page.

13 Click on Return to Dependent/Beneficiary Summary and you'll return to the dependent selection page. Note: This screen only applies to dependents under the medical, dental and vision plans, NOT life insurance.

14 From there, click on Return to Event Selection.

15 You'll return to the enrollment page where the dependent will now show and you can select him or her for coverage. To enroll them for coverage, click the box beside their names. Next, click on Continue to store your plan choices. You must complete this step separately for each plan: medical, dental and vision.

10-14



15



16 You will now see a confirmation/validation page. If you click the Edit button from the confirmation page, you will be directed to the Benefits Enrollment page, where you can make a different selection. By clicking OK on the confirmation page, your election will be saved and you will be directed back to the enrollment summary page.

17 Your new election will always appear in the New line under the plan in which you have enrolled on the Enrollment Summary page.

18 If you are eligible to participate in Dependent Life or Supplemental Life, you may click the button beside each respective plan on the enrollment summary page to make these elections. To elect Supplemental Life, click on the desired coverage amount.

NOTE: You must submit an Evidence of Insurability form if you increase your coverage by more than one level, or if an increase of one level takes your coverage above 3 times your annual base salary. An Evidence of Insurability form will be sent to you after enrollment. Once you've made your election, click Continue.

19 For Dependent Life coverage, you will have the option to select or waive coverage in PY20 by clicking Edit on the enrollment summary page. Once you've made your election, click Continue.

NOTE: If you are adding dependent life insurance for the first time during Open Enrollment you must complete evidence of insurability. An Evidence of Insurability form will be sent to you after enrollment.

20 Once you have finished enrolling in all the plans, click Submit at the bottom of the Benefits Enrollment Summary page to finalize your elections for PY20.

21 Clicking Submit on the "Submit Benefit Choices" page will authorize your elections for PY20. You'll receive a confirmation statement by email. If you don't have email access, a paper copy will be forwarded to you by Metro HR. Clicking OK on the following page completes your enrollment.

22 You've completed your benefits enrollment.

New hires will automatically be enrolled in the Managed Choice health plan unless they elect another plan or opt out of coverage.



21

Benefits Enrollment

Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

Cancel Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Submit Click **Submit** to send your final choices to the Benefits Department.

Cancel Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

ELIGIBILITY

Employee Eligibility for Medical, Dental & Vision Coverage

All regular Louisville Metro Government full-time employees and non-union regular part-time employees who work 25 or more hours per week are eligible for medical, dental and/or vision coverage through the organization's group plan. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information. Eligible dependents, as defined below, may also be added to an employee's medical, dental and/or vision coverage.

Dependent Eligibility

Newly enrolled dependents will require documentation to confirm eligibility. Acceptable documentation as listed below must be received by HR Benefits within 30 days of the enrollment event.

Who qualifies as a dependent?

- A legally recognized spouse
- Child(ren) defined as biological children, stepchildren of a legally recognized marriage, foster children, court ordered guardianship of a child, and legally adopted children up to age 26
- A Qualified Adult (QA) as defined below:
 - Over 18 years of age
 - Unmarried
 - Not eligible for Medicare
 - If blood relative, is the same or younger generation of employee
 - Currently residing in the employee's household for a period of 12 months
 - Financially interdependent for 12 months or longer
- **Please note:** An employee has the choice of covering their legal spouse OR one qualifying adult, but not both.

Dependent Eligibility Documentation

Below is a list of dependent relationships and the documentation that must be provided to Metro HR for benefits enrollment when a qualifying event occurs.

Legal spouse: A copy of the marriage license signed by the clergy or official who performed the services.

Dependent child (up to age 26): A copy of the birth certificate listing the employee as the parent. For a stepchild, a birth certificate with the spouse listed as the parent and a copy of the marriage license. For an adopted child, a copy of the legal adoption documentation. For proof of legal guardianship of a child, the court ordered legal guardianship documentation.

Qualified Adult (QA): A signed and completed affidavit (included on the inside back cover of this booklet), in addition to one of the following must be provided:

- A current, active joint checking account statement with proof of existence for a minimum of 12 months
- A current joint utility statement with proof of existence for a minimum of 12 months
- A current joint mortgage or apartment lease with proof of existence for a minimum of 12 months
- **Please note:** An employee has the choice of covering their legal spouse OR one qualifying adult, but not both. When a qualified adult becomes a legal spouse, a Family Status Change Form must be completed and sent to HR/Benefits along with a copy of the marriage license/certificate. The relationship code and tax treatment of premiums will be changed upon receipt of the required form and documentation.



CHANGES DURING THE PLAN YEAR

An employee's pre-tax benefit elections from open enrollment or new hire orientation cannot be changed during the period of the plan year unless the employee or a dependent incurs a family status change or "qualifying event" (QE) as defined by the Treasury regulations in Section 1.125. If a QE occurs, an employee may be able to change their level of benefits coverage but cannot move to a different plan type. The request must be consistent with the event, and the request and required documentation must be received by HR/Benefits within 30 days of the QE.

When a family status change occurs, an employee must complete the Family Status Change (FSC) form indicating his/her changes/enrollment, attach the required documentation and submit both to Metro HR Benefits within 30 days of the qualifying event. The FSC form is available via the MyMetro HR home page or through an employee's department HR representative. The effective date of the plan change will be the date of the qualifying event.

Below is a list of qualifying family status change events and the type of documentation required for each:

Marriage: A copy of the marriage license signed by the clergy or official who performed the services. If adding stepchildren from the marriage, a copy of both the marriage license and the stepchildren's birth certificates, with the spouse listed as a parent.

Birth of a Child: A copy of the souvenir birth certificate with the employee listed as a parent.

Adoption: A copy of the legal adoption documentation.

Legal Guardianship: A copy of the court ordered legal guardianship documentation.

Loss of other medical, dental or vision coverage: A certificate of coverage letter from the employer/insurance carrier listing type of coverage lost (medical, dental and/or vision), the covered individuals' names and the date coverage ended in addition to:

- **For a spouse that has lost coverage:** A copy of the marriage license must also be provided.

- **For a dependent child that has lost coverage:** A copy of the birth certificate with the employee listed as the parent must also be provided. For a stepchild, a copy of the marriage license and the birth certificate with the spouse listed as a parent must also be provided. For an adopted child, a copy of the legal adoption documentation must also be provided. For proof of legal guardianship of a child, the court ordered legal

guardianship documentation must also be provided.

- **For a Qualified Adult (QA) that has lost coverage:**

- A completed affidavit (included on the inside back cover of this booklet) and one of the following:

- A current, active joint checking account statement with proof of existence for a minimum of 12 months
- A current joint utility statement with proof of existence for a minimum of 12 months
- A current joint mortgage or apartment lease with proof of existence for a minimum of 12 months

Court Order: Copy of the court order requiring employee or employee's spouse to provide medical coverage for a dependent child. If insuring a stepchild, employee must also provide a copy of the marriage license.

Received other medical, dental or vision coverage:

Letter from the employer/insurance carrier listing all covered individuals' names, the coverage received (medical, dental and/or vision) and the effective date of the new coverage.

Divorce: Copy of the divorce decree signed by the judge. Note: Coverage will end on the last day of the month in which the decree is signed.

Death of dependent: Copy of the death certificate.

Entitlement to Medicare by employee, or a dependent:

A copy of the Medicare enrollment documentation.

Employees may fax the change form and documentation to Metro HR Benefits at 574-8126. If the employee does not provide the change form and documentation to Metro HR Benefits within 30 days of the qualifying event, they cannot change their benefits until the next open enrollment period.

All forms are available on the MyMetro HR homepage under the Benefits tab. If an employee does not have access to MyMetro, they can access these forms through their department HR representative.

If an employee leaves employment with Louisville Metro Government during the year, their benefits coverage will end on the last day of the month in which their employment ended.

Please Note: Funding of the Health Reimbursement Account will not be impacted by the Family Status Change.



Centered On Your Wellness.

The Metro Employee Wellness Center is available to all members of the Managed Choice Plan, Balanced Choice Plan and Choice Plan who are age 2 years old through adult. The qualified health care professionals are dedicated to providing eligible employees and covered dependents with episodic, acute, preventive, long-term health care and healthy options for maintaining a healthier lifestyle.

Metro Employee Wellness Center Services...

- Common illnesses including sore throat, sinus infections, colds, flu, ear aches and headaches
- Chronic illnesses including acute asthma and allergy complaints, diabetes, hypertension and insomnia
- Non-Work Related Injuries including back pain, sprains, arthritic symptoms and strains
- Minor wound care
- Blood pressure monitoring
- Glucose checks and monitoring
- Cholesterol monitoring
- Skin complaints
- Minor infections including urinary tract symptoms and conjunctivitis
- Routine immunizations including seasonal influenza, Td/Tdap, MMR, and others
- Prescription services
- Laboratory tests
- Health education
- Support services and referral programs including:
 - Wellness Services
 - Biometric Screenings
 - Behavioral Health Services
 - Stress Management

The copay for each visit is only \$5 for medical treatment and some lab tests. Please note that the Wellness Center does not accept cash. Certain generic medications will be dispensed at no cost; however, they must be prescribed by the Wellness Center Clinician. **Effective 7/1/2019 patients will be charged \$5.00 for no call; no show fee (HRA card not eligible as payment).**

METRO EMPLOYEE WELLNESS CENTER LOCATION

400 S. 1st Street (1st & Liberty Streets)
Louisville, KY 40202
(502) 574-CARE (2273)
FAX: (502) 574-7853

HOURS OF OPERATION

Monday – Friday 7:00 a.m. – 7:00 p.m.
Saturday 8:00 a.m. – 4:00 p.m.

TO SCHEDULE AN APPOINTMENT

Call 574-CARE (574-2273)

Earn cash rewards and lower health care costs

SmartShopper is a free service that gives you the resources to shop responsibly for medical services and rewards you with a **CASH BONUS** for making cost-effective choices.

Here's how it works:

- Your doctor recommends a medical procedure or test.
- Call SmartShopper at 866-285-7340, M–Th, 8:30am–8:00pm, F, 8:30am–5:00 pm or access the website at www.smartshopper.com at least 24 hours prior to your appointment. SmartShopper will give you information on cost-effective options in your area for your service. Have your insurance card available for verification or to login.
- Call your doctor to schedule the service at the location of your choice.
- If you use a cost-effective location, an incentive check will be mailed to your home after your claim has been paid.

No hassles. No forms. No restrictions on which in-network doctors to see. The program is EASY and completely CONFIDENTIAL. CALL or go ONLINE TODAY.

Examples of medical procedures that qualify for the incentive program include: MRI, CT Scans, Colonoscopy, EKG, Sleep Study, Mammography, Tonsillectomy, Wrist Surgery, Knee Surgery, Disc Surgery, Hysterectomy, Hip Replacement, Vascular Shunt or Bypass, Hernia Repair, and many more.

For a complete listing of diagnostic procedures, outpatient procedures, and inpatient procedures that qualify for the incentive rewards, please visit MyMetro or www.smartshopper.com.

FAQs

Will I have to change my doctor? Your doctor may be able to provide the medical service you need at a number of locations. Ask your doctor if they can perform the service at a location of your choice or to recommend someone who can.

What if my doctor has already scheduled me at another facility? Call 1-866-285-7340 and an adviser will see if the service qualifies for a reward. You may need to reschedule your appointment to qualify for a reward.

What if I have a question about my benefits, such as if certain services are covered? Contact Humana's Customer Service at the phone number shown on the back of your I.D. card.

Is this a change in my benefits? No.

Does the program offer medical advice? No.

Am I eligible and how do I sign-up? All active employees enrolled in an eligible health benefit plan and enrolled dependents are eligible for the program. You may be asked to complete a registration or contact form in order for SmartShopper to contact you about updates to the program or your incentive rewards. Please note, Medicare eligible employees are not able to participate in the program.

Is the program confidential? Absolutely.

What about quality? This program is a cost-based incentive program for the procedures listed. All locations represented are well-known, fully-licensed medical providers that have been fully-credentialed to meet the high quality standard of Humana.

Does the program cost me anything? No. It is free, easy to use and hassle-free.

How will rewards be paid? If you qualify, SmartShopper will mail your reward check to your home within 45 days of your claim being paid. SmartShopper compares call records and web visits to claims information to see if you qualify. Be aware that rewards are considered taxable by the IRS. You'll receive the appropriate tax information from SmartShopper at the end of the year.



SAY HI TO Go365



Welcome to your health reward journey!

Go365™ is a program where healthy choices are rewarded with items such as gift cards, movie tickets and more. Starting on your program's effective date, visit **Go365.com** or download the Go365 App to start your journey to healthier habits. The program is for everyone, no matter your age or health status. Once you get started, you'll be on your way to earning Points and Bucks for healthy activities that you can use in the Go365 Mall to get rewarded!

You'll receive a welcome letter and email soon after your effective date with next steps to unlock activities and rack up rewards.*



Sign in to **Go365.com** or download the Go365 App on your program's effective date to get started!

*Only the primary Go365 member receives a welcome letter. All other Go365 members will receive a welcome email if their email is on file with Go365.

Go365 is not an insurance product. Not available with all Humana health plans.



Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.



Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.



Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.



Earn rewards.

Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!



More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

Here's how many Points you need to move up in Status



3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

5,000

One adult per policy

8,000

One adult per policy

10,000

One adult per policy

8,000

combined two adults per policy

12,000

combined two adults per policy

15,000

combined two adults per policy

+3,000

for each member 18 years and older per policy

+4,000

for each member 18 years and older per policy

+5,000

for each member 18 years and older per policy

Adult children can only move a family out of Blue Status by completing a verified workout.



Go365.com

Unlock Activities.

Watch your success lead to your wellbeing.

Go365 is for anyone, at any stage... no matter what shape you're in or how hard you work out. Go365 knows what it takes to motivate and reward you to make healthier choices for life.

Activities

These are simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride – these are easy ways to keep moving forward with Go365.

Recommended Activities

Once you complete your Health Assessment, you'll get personalized Activities based on your responses. Because Recommended Activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete.

Go365 Kids*

Kids can earn Points when they do "kid" things, like playing on a soccer or baseball team. When you do things that are good for their health, like keeping up with their immunizations and getting a dental check-up, your kids earn more Points.

Challenges

Earn Points by going head-to-head against your friends and co-workers and compete for the most steps taken or pounds lost.

Have some healthy fun.

Getting healthier is a lot more fun with Go365. Earn Bucks you can use in the Go365 Mall for e-giftcards from Amazon.com, Target, Lowes and Spafinder, the latest activity trackers from Fitbit and Garmin and Fitbit, and more. Plus, you could win a prize in our monthly Jackpot drawings or get a surprise reward.



Go365.com

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions. *Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility. Go365 is not an insurance product. Not available with all Humana health plans. Humana Inc. and its subsidiaries ("Humana") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación. 注意: 如果您使用繁體中文, 您將免費獲得語言援助服務。請致電會說繁體中文的電話號碼。

Medical

What are my choices?

We recognize that different individuals have different health care needs, so Louisville Metro is committed to offering you a variety of choices. For PY20, you may choose among three plan designs, each of which is managed by Humana:

- Managed Choice Plan – HRA & FSA if elected
- Balanced Choice Plan – HRA & FSA if elected
- Choice Plan – FSA option only if elected
- *LMPD FOP Basic Plan – FSA option only if elected
- *LMPD FOP Enhanced Plan – FSA option only if elected

Managed Choice Plan with HRA and optional FSA

The Managed Choice plan is an innovative approach to health benefits and is known as a consumer-driven health plan. In many cases, this option is cheaper than other health plans offered through Louisville Metro Government, and it lets you take more control over your medical expense funds. The Managed Choice plan has a Health Reimbursement Account (HRA). You may use your HRA with a voluntary Medical Reimbursement Account (FSA).

Please note this is the designated plan as referenced in certain union Collective Bargaining Agreements.

Balanced Choice Plan with HRA and optional FSA

The Balanced Choice plan has a higher premium than the Managed Choice plan. In return, it has a lower annual deductible. The Balanced Choice plan has a Health Reimbursement Account (HRA). You may use your HRA with a voluntary Medical Reimbursement Account (FSA).

Choice Plan – No HRA available – You may elect a medical FSA

The Choice plan has the highest cost per pay period. In return, it has the lowest annual deductible. The Choice plan does not have a Health Reimbursement Account; however, you may elect to contribute to a Medical Reimbursement Account (FSA).

NEW FOR THIS YEAR

Louisville Metro is now offering a wellness incentive to employees that participate in Go365 and complete their Go365 Health Assessment and Biometrics Screening. The Health Assessment and Biometrics Screening results must be uploaded to www.Go365.com to be eligible for the incentive. Employees who complete the Health Assessment and Biometrics screenings will see a \$20 monthly wellness incentive on their premiums. The incentive will not go into effect until January 1st, employees who complete the requirements after October 31st will see the incentive after January 1. Eligible* employees can call the Wellness Center at 574-2273 or your healthcare provider to schedule their Biometric Screenings.**

*LMPD FOP members with a hire date prior to July 1, 2013 are not eligible for Go365 or the wellness incentive

**Employees enrolled in Humana Managed Choice – Employee Only option will receive the wellness incentive as additional HRA funds



HEALTH REIMBURSEMENT ACCOUNT (HRA)

What is an HRA?

Even if you have insurance, medical and pharmacy expenses can add up. Deductibles, copays, coinsurance and prescription drugs can put a strain on your budget.

An HRA is a tax-favored account funded solely by Louisville Metro Government (you make no contributions) that you use to pay for eligible medical and pharmacy expenses not covered by health insurance. An HRA is a great way to help stretch your budget, because you pay for eligible medical and pharmacy expenses with money that is not considered wages – so it is not subject to income taxes, FICA or worker's compensation taxes.

Any funds that are not used at the end of the benefit year, will carry over to the next year, giving you more money to use for medical and pharmacy expenses in the new plan year.

How does an HRA work?

1. Louisville Metro Government funds your HRA.
2. Use your HRA spending account debit card to pay for eligible medical and pharmacy expenses.
3. Funds are automatically deducted from your HRA.
4. Keep your receipts! WageWorks, the plan administrator, may ask for them to make sure your purchases were for eligible expenses.

Who is covered?

You can use the HRA to pay eligible medical and pharmacy expenses for yourself, your spouse and anyone you claim as a dependent on your federal income tax return. For more information or clarification, please consult your tax consultant.

How do I enroll?

When you enroll in your benefits during Open Enrollment or during New Hire Benefits Orientation, select the applicable health plans (Managed Choice or Balanced Choice) and you are automatically enrolled. New hire funding will be pro-rated.

Where can I learn more?

Call 1-800-228-5762 to speak with a WageWorks benefits specialist about HRAs or contact the Metro HR Benefits at 574-8100.

Please note: If you elect an FSA, your HRA & FSA funds will be available on the same debit card. FSA funds will be used before your HRA funds. Your HRA funds can be used for medical & pharmacy expenses only. Dental & vision expenses are not eligible under the HRA.

**For LMPD FOP members with a hire date prior to July 1, 2013. For additional information please refer to separate sheet provided during Open Enrollment meetings or orientation.*

MEDICAL FSA REIMBURSEMENT ACCOUNT

Medical Reimbursement Account

Another option for covering medical expenses is the Medical Reimbursement Account (FSA). It's one of the two types of flexible spending accounts, or FSAs. (The other type of FSA, the Dependent Care Account, is described on page 21.) Flexible spending accounts let you set aside a portion of your pay on a pre-tax basis and use it to cover certain types of expenses. For Plan Year 2020, the maximum contribution for a Medical Reimbursement Account is \$2,700.

Note: If your medical plan includes the LMG HRA Account, you can also enroll in the medical FSA.

How does an FSA lower my taxes?

With an FSA, you set aside money on a pre-tax basis to pay for eligible expenses. So, you pay less in income and Social Security taxes. Please consult a tax professional for more information.

What expenses are eligible?

The Medical Reimbursement Account may be used to cover eligible expenses not covered by your medical, dental or vision plan – including copayments, coinsurance and deductibles. You may not use this account to pay for charges such as cosmetic surgery or insurance premiums. Weight loss programs are eligible if they are deemed medically necessary.

In accordance with health care reform law, over-the-counter (OTC) medicines and drugs are not eligible for reimbursement from your FSA without a prescription. If you require an OTC medication, you must do the following to be reimbursed:

- Have your doctor write a prescription for the specific OTC medication;
- Submit a copy of the written prescription and your receipt for purchasing the item to WageWorks for reimbursement via direct deposit. You may not use your FSA debit card.

Insulin is the only OTC medicine not subject to these rules.

How much may I contribute to the medical FSA?

The minimum amount you may contribute is \$130 per plan year. The maximum amount is \$2,700 for the plan year.

Plan carefully when deciding how much to contribute to your FSA. Money left in your account at the end of the plan year cannot be rolled over or paid out to you. The FSA calculator at <http://www.spendingaccounts.info> can help you determine how much to contribute.

How will I be reimbursed?

You will receive a WageWorks Spending Account Card, similar to a debit card. Use it to pay eligible medical expenses and the funds are automatically deducted from your FSA account. You can also pay for eligible expenses out of pocket, and then fax or mail a reimbursement request form with appropriate documentation.

You can download a reimbursement request form from the WageWorks web site at <https://myspendingaccount.wageworks.com> or call 1-800-228-5762 to request one. Complete the form with documentation of your expenses and fax to the toll-free number on the claim form.

Or mail your form to:

**WageWorks Spending Account Center
P.O. Box 34700
Louisville, KY 40232-4700**

Note: All reimbursements will be submitted electronically for direct deposit to your checking or savings account. So, before requesting any reimbursements, you must provide WageWorks with the necessary information to set up direct deposit to your bank account. If you do not provide this information, you will not receive reimbursements. To learn how to set up direct deposit, go to <https://myspendingaccount.wageworks.com> or call WageWorks at 1-800-228-5762.

You have until September 30, 2019, to submit reimbursement requests for expenses incurred and paid in the plan year July 1, 2018 – June 30, 2019. You have until September 30, 2020, to submit reimbursement requests for expenses incurred and paid in plan year July 1, 2019 – June 30, 2020.



The WageWorks Medical Spending Account Card is a convenient way to pay eligible expenses directly from your medical FSA without having to file a claim.

WageWorks will only be sending debit cards to new enrollees in the Medical Reimbursement Account. When your card expires, you will also receive a new one.

If you lose or destroy your card, you can contact WageWorks at 1-800-228-5762 to receive a new one at a charge of \$5.00.

MOBILE APP For Your Smart Phone

Manage your spending account on the Go! WageWorks is dedicated to providing you with a safe, secure, and dependable Mobile Spending Account service for free. You can be confident that the transactions performed using our Mobile Service will be secure provided you adhere to the terms and conditions governing the service. Register and download the Mobile App by registering your account online at <https://myspendingaccount.wageworks.com> or the Spending Account (CHSA) app at the Apple App Store or Android Play Store.

PRESCRIPTION

Prescription Benefits

Balanced Choice and Choice Plans

Prescription coverage for the Balanced Choice and Choice plans is provided by Humana Pharmacy Solutions. Therefore, you do not need a separate prescription card; you simply use your health plan ID card when filling prescriptions.

Under both plans, you pay a specified copayment for prescription drugs. The amount of the copay depends on whether the prescription is for Tier 1, Tier 2, Tier 3 or Tier 4 medications. Review the Medical Plans Comparison Chart on page 18 for the prescription copay amounts.

The plans require use of generic drugs if available. If an employee/eligible dependent chooses to purchase a brand name drug, and an equivalent generic is available, they must pay the difference in cost between the brand name and generic equivalent, plus the applicable co-payment, regardless of who is requesting the brand name medication. If the physician writes on the prescription “dispense as written,” the drug will be dispensed as such. However, the employee/eligible dependent will still be required to pay the difference in cost between the brand name drug and the generic equivalent, plus any applicable co-payment.

The plan’s mail order benefit is provided by Humana Pharmacy Solutions. If you take “maintenance” medications for an ongoing medical condition, such as high blood pressure or diabetes, you can save money by having your doctor write a 90-day prescription instead of the regular 30-day prescription. You can also receive certain 90 day generic medications from the wellness center, however, they must be prescribed by the Wellness Center Physician.

For more about the mail order program, go to www.humana.com.

Managed Choice (High Deductible Health Plan)

The Managed Choice Plan covers prescriptions just like other types of medical expenses. Humana Pharmacy Solutions provides this coverage and you will use your health plan ID card when filling prescriptions.

Under this plan, you must pay for prescriptions out-of-pocket (or with HRA/FSA dollars) until you satisfy your annual deductible. Then the plan pays a percentage of the cost of each prescription – 80% at in-network pharmacies and 60% at non-network pharmacies. If you reach your

annual out-of-pocket expense limit, the plan pays 100% of the cost of prescriptions for the rest of the year.

REMINDER: You may obtain certain generic medications with the \$5 co-pay by visiting the Metro Employee Wellness Center located at 400 S. 1st St., Mon–Fri 7 am– 7 pm or Sat. 8 am–4 pm.

You can reduce your medical expenses by using in-network doctors and hospitals or by participating in the Vitals SmartShopper program. To find out if your doctor is in-network, call your doctor’s office or go online to www.humana.com and look under “Humana Choice Care Network PPO.”



PY20 Monthly Medical Plan Costs

Humana Choice (FSA Only)	EE Cost	LMG Funded HRA (annual amount)
Employee	\$218.46	\$ 0.00
Employee + Spouse	589.36	0.00
Employee + Child(ren)	559.04	0.00
Employee + Spouse + Child(ren)	1,338.02	0.00
Employee + Qualified Adult	589.36	0.00
Employee + Qualified Adult + Child(ren)	1,338.02	0.00

Humana Balanced Choice (HRA & FSA)

Employee	77.72	\$ 200.00
Employee + Spouse	235.84	300.00
Employee + Child(ren)	223.92	300.00
Employee + Spouse + Child(ren)	635.86	400.00
Employee + Qualified Adult	235.84	200.00
Employee + Qualified Adult + Child(ren)	635.86	300.00

Managed Choice (HRA & FSA)

Employee	\$ 0.00	\$ 500.00
Employee + Spouse	70.86	600.00
Employee + Child(ren)	67.26	600.00
Employee + Spouse + Child(ren)	308.96	700.00
Employee + Qualified Adult	70.86	500.00
Employee + Qualified Adult + Child(ren)	308.96	600.00

REMEMBER, TO EARN THE \$20 MONTHLY WELLNESS INCENTIVE YOU MUST COMPLETE YOUR GO365 HEALTH ASSESSMENT AND UPLOAD YOUR BIOMETRICS SCREENING RESULTS ON WWW.GO365.COM REFER TO PAGE 14 FOR DETAILS.

MEDICAL PLANS COMPARISON CHART

	Humana Managed Choice (HDHP) with HRA and FSA		Humana Balanced Choice (PPO) with HRA and FSA		Humana Choice (PPO) with FSA only	
Benefit/Feature	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Choice of doctors and hospitals	Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency	
Need to select primary care physician?	No	No	No	No	No	No
Annual deductible	\$2,000/single	\$3,600/single	\$1,400/person	\$3,600/person	\$800/person	\$1,800/person
(does not include copays)	\$4,000/other levels ¹	\$7,200/other levels ¹	\$4,200/other levels	\$10,800/other levels	\$3,000/other levels	\$5,400/other levels
Annual out-of-pocket expense limit	\$3,675/person	\$7,200/person	\$4,200/person	\$10,800/person	\$2,400/person	\$6,000/person
(includes deductible and in-network copays)	\$7,350/other levels	\$14,400/other levels	\$12,600/other levels	\$32,400/other levels	\$9,000/other levels	\$18,000/other levels
Doctor's office visits						
Metro Employee Wellness Center	\$5 copay/visit		\$5 copay/visit		\$5 copay/visit	
Primary care	80% ⁷	60% ⁷	\$30 copay/visit	60% ⁷	\$30 copay/visit	60% ⁷
Specialists ³	80% ⁷	60% ⁷	\$50 copay/visit	60% ⁷	\$50 copay/visit	60% ⁷
Inpatient physician care	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
ER physician care	80% ⁷	80% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Diagnostic tests	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Metro Employee Wellness Center	included in \$5 copay/visit		included in \$5 copay/visit		included in \$5 copay/visit	
Inpatient hospital	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Outpatient hospital	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Emergency Room	80% ⁷	80% ⁷	80% ⁷	80% ⁷	80% ⁷	80% ⁷
Urgent care Centers	80% ⁷	60% ⁷	\$100 copay/visit	60% ⁷	\$100 copay/visit	60% ⁷
Prescription Drugs						
Metro Employee Wellness Center	\$0 generic (Tier 1)		\$0 generic (Tier 1)		\$0 generic (Tier 1)	
Retail Pharmacies	80% ⁷	60% ⁷	\$20 generic (Tier 1)	Not covered	\$20 generic (Tier 1)	Not covered
(30-day supply)			\$35 brand name (Tier 2) ⁶ \$60 non-formulary (Tier 3) ⁶ (Tier 4) ⁶ 25% up to a max of \$100		\$35 brand name (Tier 2) ⁶ \$60 non-formulary (Tier 3) ⁶ (Tier 4) ⁶ 25% up to a max of \$100	
Mail order (90-day supply)	80% ⁷	60% ⁷	2x retail copay	Not covered	2x retail copay	Not covered
Allergy services						
Testing	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Serum	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Injections	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Metro Employee Wellness Center	included in \$5 copay/visit		included in \$5 copay/visit		included in \$5 copay/visit	
Ambulance	80% ⁷	80% ⁷	80% ⁷	80% ⁷	80% ⁷	80% ⁷
Skilled Nursing Facility	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Behavioral Health/Substance Abuse						
Inpatient	80% ⁷	60% ⁷	80% ⁷	60% ⁷	80% ⁷	60% ⁷
Outpatient	80% ⁷	60% ⁷	\$50 copay/visit ⁴	60% ⁷	\$50 copay/visit ⁴	60% ⁷
Home Health Care	80% ⁷ (limit 60 visits/year)	60% ⁷ (limit 60 visits/year)	80% ⁷ (limit 60 visits/year)	60% ⁷ (limit 60 visits/year)	80% ⁷ (limit 60 visits/year)	60% ⁷ (limit 60 visits/year)
Therapy services^{2,4,5,8}	80% ⁷	60% ⁷	\$30 copay/visit	60% ⁷	\$30 copay/visit	60% ⁷
Chiropractic care (must be reviewed for medical necessity)	80% ⁷ (limit 20 visits/year)	60% ⁷ (limit 20 visits/year)	\$30 copay/visit (limit 20 visits/year)	60% ⁷ (limit 20 visits/year)	\$30 copay/visit (limit 20 visits/year)	60% ⁷ (limit 20 visits/year)
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

¹If you choose a coverage other than Employee Only, you must satisfy the whole deductible. The whole deductible may be satisfied by one person or any combination of enrolled eligible person. ²Therapy services are limited to 25 visits/year each for speech, physical, occupational therapy and pediatric vision therapy. Maximum of 50 visits/year for all types of therapy combined. ³Does not apply to pediatrician or OB/GYN annual exams. ⁴Psychiatrist is considered a specialist and copay is \$50 per visit. ⁵Any therapy claims with an autism diagnosis are not counted against the therapy limits. They are in addition to the mental health autism benefits. ⁶Member pays applicable copays plus difference when a generic is available. ⁷After annual deductible. ⁸The initial visit may be billed as a specialty office visit due to evaluation by therapist.

Please Note: At the time this booklet was printed, under health care reform preventive care is covered at 100%. Claims must be submitted as preventive or routine without a diagnosis. Examples of routine medical procedures include annual physical exam, immunizations, pap smear, annual mammogram, preventive colonoscopy, etc. Also included are breast feeding counseling, breast feeding support and supplies, and prescribed contraceptive methods. For more information, please refer to your Summary Plan Description.

DENTAL

What are my choices?

You have a choice of three dental plans provided by Delta Dental of Kentucky:

- **The DeltaCare plan** is a dental health maintenance organization (DHMO). Like medical HMO plans, it offers a high level of coverage but requires you to receive all your dental care from dentists and specialists within the plan's network. Under this plan, you select a dentist from within the plan's network who will coordinate your care.
- **The Delta Preferred plan** is a dental preferred provider organization. Like a medical PPO, it covers care you receive from any dentist, but offers a higher level of coverage when you use dentists and specialists in the plan's network.
- **The Delta Premier plan** is an indemnity plan which offers the same level of coverage with any provider, but has a higher deductible than the other plans offered to you.

Note: If you were not enrolled in a dental plan during the previous 12 months, there will be a 12-month waiting period for coverage of major services and orthodontia if you enroll in the Delta Preferred or Delta Premier plans. For more information, please refer to your Summary Plan Description

How much does dental coverage cost?

Listed below are the employee monthly costs for the dental plan options in PY20.

Level of Coverage	Delta Preferred (PPO)	Delta Premier (Indemnity)	DeltaCare DC18 (DHMO)
Employee	\$20.87	\$21.56	\$11.17
Employee + Spouse	\$40.09	\$41.90	\$21.44
Employee + Child(ren)	\$40.09	\$41.90	\$22.01
Employee + Spouse + Child(ren)	\$67.25	\$70.95	\$33.74
Employee + Qualified Adult	\$40.09	\$41.90	\$21.44
Employee + Qualified Adult + Child(ren)	\$67.25	\$70.95	\$33.74

For a full listing of dental benefits, you can view the summary plan description located on the MyMetro HR home page. This information is located under the Benefits tab.

The copayments shown below for DeltaCare are estimates. Actual copayments are provided on the Member Copayment Schedule posted on MyMetro.

PY20 DENTAL BENEFITS

	Delta Preferred (PPO)		Delta Premier (Indemnity)	DeltaCareDC18 (DHMO)
Benefit	In-Network	Out-of-Network ¹	Any Provider	In-Network Only
Need to select participating dentist?	No	No	No	Yes ²
Annual deductible	\$0	\$25/\$75	\$50/\$150	N/A
Cleanings (2/year)	Covered in full	80%	Covered in full	Covered in full
Bitewing X-rays	Covered in full	80%	Covered in full	Covered in full
Filling (one surface)	50%	40%	50%	You pay \$49 - \$118
Extraction (one tooth)	50%	40%	50%	You pay \$43 - \$206
Crown (porcelain)	50%	40%	25%	You pay \$209 - \$433
Root canal therapy (molar)	50%	40%	50%	You pay \$246 - \$402
Dentures	50%	40%	25%	You pay \$401 - \$484
Orthodontic treatment³ Children (to age 19)	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	You pay \$3,000
Adults (19 and over)	Not covered	Not covered	Not covered	You pay \$3,200
Annual Maximum	\$1000	\$1000	\$1000	N/A

¹Benefit percentages under Delta Preferred plan are based on the allowable amount set by the plan for each service. Non-preferred dentists and specialists may charge more and bill you for the difference. ²You may select a different dentist for each covered family member. ³Orthodontic treatment cost does not include treatment plans.

Vision Coverage

Because eye care is such an important part of your overall health, Louisville Metro Government offers vision care benefits through VSP, a leading vision benefits carrier with thousands of participating vision providers nationwide.

You may obtain a complete yearly eye exam, and new eyeglass lenses every plan year and frames every other plan year. When you stay within plan allowances, you pay nothing more than a small copayment – \$10 per exam and \$10 for eyeglass lenses and/or frames.

How does the plan work?

VSP plan does not issue ID cards. Simply follow these steps:

- Contact a VSP doctor.
- Let the doctor's office know you are a VSP member.
- Provide your name and the last four digits of your Social Security number.
- The VSP doctor will handle the rest, including coverage verification, authorization and claim submissions.

Prefer to carry an ID card when you visit your doctor? Visit www.vsp.com and print out your own. If you have any questions about the plan, VSP customer service representatives are available Monday through Friday, from 8:00 AM to 11:00 PM Eastern Time, Saturday from 10:00 AM to 11:00 PM and Sunday 10:00 AM to 10:00 PM. Call them toll-free 800-877-7195 or chat online at www.vsp.com.

PY20 VISION BENEFITS

Benefit	VSP Network	Non-VSP Provider
WellVision® exam	Covered in full after \$10 copay	Plan pays up to \$45 after copay
Routine Retinal Imaging	Covered in full after \$20 copay	No coverage
Lenses (per pair)	Covered in full after \$10 copay	Plan pays up to \$30 after copay
Bifocal	Covered in full after \$10 copay	Plan pays up to \$50 after copay
Trifocal	Covered in full after \$10 copay	Plan pays up to \$65 after copay
Polycarbonate	Covered in full	No coverage
Contact lenses		
Elective (includes lens service and materials)	Plan pays up to \$130 (no copay)	Plan pays up to \$105 (no copay)
Medically necessary	Covered in full after \$10 copay	Plan pays up to \$210 after \$10 copay
Frames	Plan pays up to \$150 after copay - 20% discount on amount over allowance	Plan pays up to \$70 after copay
Laser VisionCare ProgramSM	VSP laser centers offer discounts for PRK, LASIK and Custom LASIK surgery	

**When covered in full services are provided by a VSP doctor, you have no out-of-pocket costs except for any applicable copays.*

PY20 Monthly Vision Costs

Employee	\$ 5.92
Employee + Spouse	\$11.32
Employee + Child(ren)	\$12.12
Employee + Spouse + Child(ren)	\$18.20
Employee + Qualified Adult	\$11.32
Employee + Qualified Adult + Child(ren)	\$18.20

For a full listing of vision benefits, you can view the summary plan description located on the MyMetro HR home page. This information is located under the Benefits tab.



LONG TERM DISABILITY INSURANCE

Who is eligible?

You are eligible for LTD coverage if you are a regular, full-time, non-union employee or a non-union, regular, part-time employee who works 25 or more hours per week, or if the plan is included in your union's collective bargaining agreement. The LTD plan is insured by Lincoln Financial Group.

What is my LTD coverage?

Louisville Metro Government automatically provides you with LTD coverage that replaces up to 50 percent of your base monthly salary (up to \$4,000 per month) while you are disabled due to an injury or illness.

Under this coverage, benefits begin after you have been away from work for 90 consecutive days due to a qualifying disability and may continue until you recover or reach the later of age 65 or your Social Security normal retirement age. If you receive disability benefits from another source, such as Social Security, your benefit from this plan will be reduced so that your total benefit does not exceed 50 percent.

How do I file an LTD claim?

To file a long-term disability claim once you have been away from work for 90 consecutive days, contact Metro HR Benefits at 574-2642.

LIFE AND AD&D COVERAGE

Who is eligible?

You are eligible for life insurance coverage if you are a regular, full-time, non-union employee of Louisville Metro or a non-union, regular, part-time employee who works 25 or more hours per week. If you are a union employee, eligibility is governed by your collective bargaining agreement. If you are eligible, you may also elect dependent coverage for your spouse and dependent children. These plans are insured by Lincoln Financial Group. Qualified Adults (QA) are not eligible for coverage under optional dependent life.

What is my basic life and AD&D coverage?

Louisville Metro automatically provides you with basic life insurance coverage equal to:

- If you're a union employee, either \$5,000, \$15,000, \$50,000, or one times your base annual salary (up to \$50,000), depending on the terms of your collective bargaining agreement; or
- If you're a non-union employee, one times your base annual salary (up to \$50,000).
- You also receive basic accidental death and dismemberment (AD&D) coverage in the same amount as your life insurance. If you die as the result of an accident, your beneficiary will receive the full benefit from both parts of the plan. If you suffer certain types of loss as the result of an accident, you may be eligible for partial benefits from the AD&D portion of the plan.

Note: Basic life insurance coverage is portable. If you wish to continue your life insurance coverage after your employment with Louisville Metro Government ends, please contact Metro HR/Benefits. The life insurance carrier must have your application within 30 days of your termination date. Applicable benefit reductions may apply after age 70. Please refer to your class level certificate of coverage which is available on the MyMetro HR home page under Benefits tab. You can also access this document through your department HR representative.

What are my optional dependent life insurance choices?

In addition to your basic life insurance, you may select optional life insurance for your spouse and/or children. If you're a union employee, the coverage will be either \$2,500 for your spouse and for each eligible dependent child, or \$7,500 for your spouse and \$1,000 for each child, depending on the terms of your collective bargaining agreement.

If you're a non-union employee, the coverage is \$7,500 for your spouse and \$1,000 for each eligible dependent child.

If you are adding dependent life insurance for the first time during Open Enrollment you must complete evidence of insurability (EOI/health application) and coverage will not become effective until approved by the insurance carrier. Spouse Life Insurance will terminate when the Spouse attains age 70. Please refer to your class level certificate of coverage which is available on the MyMetro HR home page under Benefits tab.

Dependent children may be covered from birth up to age 19 or up to age 26 if unmarried and enrolled as a full-time student in an accredited institution. Spouse Life Insurance will terminate when the spouse attains age 70. You are responsible for notifying Metro HR Benefits if a dependent child ceases to be eligible or when a spouse turns 70 and you have no eligible dependents.

The cost of optional dependent life insurance coverage for your spouse and/or dependent children is \$1.65 per month, no matter how many eligible persons are being covered.

For example, if you're an employee with a spouse and two children, you may purchase coverage for all of them for a total cost of \$1.65 per month.

A qualifying event (marriage, divorce, birth, etc.) may allow you to make a change to your dependent life insurance. Remember that you must provide documentation of any change in your family status that causes a change in your benefit elections (see page 8). The request and documentation must be received within 30 days of the qualifying event.

SUPPLEMENTAL LIFE INSURANCE

What are my supplemental employee life insurance choices?

Along with the basic life insurance choices described on the previous page, you may choose supplemental life insurance for yourself, available in certain fixed amounts (see table below).

New Hires: You may elect supplemental life insurance in \$10,000 increments up to \$50,000, then in \$25,000 increments to a maximum of \$300,000 or 5 times base annual salary, whichever is less. When electing new hire benefits, coverage is guaranteed up to 3 times base annual salary. Coverage over 3 times base annual salary is subject to evidence of insurability (EOI/health application) and will not become effective until approved by the insurance carrier.

After initial enrollment - Open Enrollment: If you are currently enrolled in the supplemental life insurance program, you may increase your coverage:

By one increment up to 3 times the base annual salary without evidence of insurability.

By more than one increment up to \$300,000 or 5 times your base annual salary (whichever is less) with evidence of insurability. An evidence of insurability form will be sent to you after enrollment.

A change in coverage requiring evidence of insurability will not become effective until approved by the insurance carrier.

If you initially become insured after attaining age 70, your benefit is subject to a maximum of \$50,000.

Maximum coverage is \$300,000 or 5 times your base annual salary, whichever is less

The cost of supplemental life insurance for yourself is based on your age (as of January 1) and the amount of coverage you select. In the chart below, find the amount of coverage in the column at left, then go to the column that corresponds to your age bracket. For example, if you're 46 years old and want to purchase supplemental coverage of \$100,000, your monthly cost will be \$19.00.

Note: Supplemental life insurance coverage is portable. If you wish to continue your supplemental life insurance coverage after your employment with Louisville Metro Government ends, please contact Metro HR/Benefits. The life insurance carrier must have your application within 30 days of your termination date. Applicable benefit reductions may apply after age 70. Please refer to your class level certificate of coverage which is available on the MyMetro HR home page under Benefits tab. You can also access this document through your department HR representative.

MONTHLY EMPLOYEE SUPPLEMENTAL LIFE INSURANCE COSTS

Your age as of January 1										
	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Coverage										
\$ 10,000	\$0.60	\$0.70	\$0.80	\$1.30	\$1.90	\$3.10	\$5.20	\$7.40	\$13.40	\$21.50
\$ 20,000	1.20	1.40	1.60	2.60	3.80	6.20	10.40	14.80	26.80	43.00
\$ 30,000	1.80	2.10	2.40	3.90	5.70	9.30	15.60	22.20	40.20	64.50
\$ 40,000	2.40	2.80	3.20	5.20	7.60	12.40	20.80	29.60	53.60	86.00
\$ 50,000	3.00	3.50	4.00	6.50	9.50	15.50	26.00	37.00	67.00	107.50
\$ 75,000	4.50	5.24	6.00	9.74	14.24	23.24	39.00	55.50	100.50	161.24
\$ 100,000	6.00	7.00	8.00	13.00	19.00	31.00	52.00	74.00	134.00	215.00
\$ 125,000	7.50	8.74	10.00	16.24	23.74	38.74	65.00	92.50	167.50	268.74
\$ 150,000	9.00	10.50	12.00	19.50	28.50	46.50	78.00	111.00	201.00	322.50
\$ 175,000	10.50	12.24	14.00	22.74	33.24	54.24	91.00	129.50	234.50	376.24
\$ 200,000	12.00	14.00	16.00	26.00	38.00	62.00	104.00	148.00	268.00	430.00
\$ 225,000	13.50	15.74	18.00	29.24	42.74	69.74	117.00	166.50	301.20	483.74
\$ 250,000	15.00	17.50	20.00	32.50	47.50	77.50	130.00	185.00	335.00	537.50
\$ 275,000	16.50	19.24	22.00	35.74	52.24	85.24	143.00	203.50	368.50	591.24
\$ 300,000	18.00	21.00	24.00	39.00	57.00	93.00	156.00	222.00	402.00	645.00

NOTIFICATIONS

Payroll deductions

If you enroll for medical, dental or vision benefits, your portion of the cost will be deducted from your pay on a pre-tax basis, except for qualified adult (QA) costs. That means your contributions don't count as taxable income, so you'll pay less in federal and state income taxes. The QA portion of the costs will be deducted from your pay on an after-tax basis.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their families who lose health benefits the right to continue group health benefits for limited periods of time under certain circumstances – such as voluntary or involuntary job loss, reduction in hours worked, transition between jobs, death, divorce and other life events. Qualified individuals may be required to pay the entire premium for coverage, up to 102% of the cost to the plan. COBRA outlines how you and your family members may elect this continued coverage. It also requires employers and plans to provide notice. New hires receive this notice shortly after they are hired. If you lose your coverage and are eligible for COBRA continuation, you will receive notice from the COBRA administrator in a timely fashion. COBRA does not apply to qualified adults (QA).

Additional Notifications & Benefits Documents

For a full electronic listing of benefits summary plan descriptions, policies, certificates of coverage and other benefits-related notifications, please visit the MyMetro HR home page. These documents are located under the Benefits tab



DEPENDENT CARE FSA

The Dependent Care Reimbursement Account (FSA) may be used to cover adult or child daycare services that allow you, or you and your spouse, to work. Examples include licensed daycare centers or nursery schools, dependent care in your home or dependent care in another person's home (if fewer than seven children are under one's care).

Who is eligible?

You are eligible for the Dependent Care Account if you are a regular, full-time employee of Louisville Metro Government or a non-union, regular, part-time employee who works 25 or more hours per week. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information. These benefits are administered by a third-party administrator, WageWorks, Inc.

How much may I contribute?

If you elect to participate in the Dependent Care Account, your contributions will be deducted from your pay throughout the plan year. The minimum amount you may contribute is \$130 and the maximum amount you may contribute is \$5,000 per household, per tax year.

Plan carefully when deciding how much to contribute to your FSA. Money left in your account at the end of the plan year cannot be rolled over or paid out to you. The FSA calculator at <http://www.spendingaccounts.info> or <https://myspendingaccount.wageworks.com> can help you determine how much to contribute.

How am I reimbursed from the account?

You pay for eligible expenses out of your own pocket. You must submit a reimbursement request form with appropriate documentation to WageWorks via fax or mail. WageWorks will process the request and reimburse you through direct deposit into your checking or savings account. You can download a reimbursement request form from the WageWorks web site at <http://www.spendingaccounts.info> or <https://myspendingaccount.wageworks.com> or call 1-800-228-5762 to request a form. Complete the form with documentation of your expenses and fax to the toll-free number on the claim form.

Or mail your form to:
WageWorks Spending Account
P.O. Box 34700
Louisville, KY 40232-4700

Note: All reimbursements will be submitted electronically for direct deposit to your checking or savings account. Before requesting any reimbursements, you must provide WageWorks with the necessary information to set up direct deposit to your bank account. If you do not provide this information, you will not receive reimbursements. To learn how to set up direct deposit, go to <https://myspendingaccount.wageworks.com> or call WageWorks at 1-800-228-5762. If you provide your email address to WageWorks, you can receive an automatic confirmation that your claim has been received.

You have until September 30, 2019, to submit reimbursement requests for expenses incurred and paid in the plan year July 1, 2018 – June 30, 2019. You have until September 30, 2020, to submit reimbursement requests for expenses incurred and paid in plan year July 1, 2019 – June 30, 2020.

Savings with the Dependent Care Account

When considering the Dependent Care Account, remember that there is also a dependent care tax credit provided by federal law. In some cases, this tax credit may be better for you than the Dependent Care Account. You cannot take the tax credit for any expenses that are reimbursed through the Dependent Care Account.

Keep in mind that what works best for you depends on your personal financial situation. You may wish to consult a tax advisor.



VOLUNTARY BENEFITS PLANS

As a Louisville Metro employee, you have the opportunity to participate in several voluntary insurance plans through convenient payroll deduction.

AFLAC

Louisville Metro Government offers the following AFLAC insurance policies to its employees:

- Accident • Hospital Confinement Indemnity
- Short-Term Disability

To enroll in any of these products, contact:

AFLAC Amy Johannemann
502-386-2779 amy_johannemann@us.aflac.com

Allstate

You have a choice of plans through Allstate which include:

- Cancer Insurance • Critical Illness • Universal Life

To enroll in any of these products, contact:

Allstate Benefits Kathy Davis
502-744-8580 kdavis@allstate.com

Nationwide 457(b)

A deferred compensation plan is a supplemental retirement-savings program. Your contributions are automatically deducted before taxes from your pay, contributed to your deferred comp plan account, and then invested as you direct.

To enroll in the Nationwide 457(b) program, contact:

Dianna Webb
502-794-0150 Webbd3@Nationwide.com

New! Purchasing Power

Looking for a better way to pay over time?

Experience a new way to buy with Purchasing Power, an exclusive benefit offered by LMG. When paying with cash isn't an option, our program offers a convenient alternative that lets you buy the products you need now and pay for them over 6 or 12 months. There are no credit checks or hidden fees, and the fixed payments are deducted right from your paycheck. Sign up to get started. www.LouisvilleMetro.PurchasingPower.com or call 1-866-670-3477

EMPLOYEE ASSISTANCE PLAN

The EAP offers confidential assistance every hour of every day, to help you deal with the stresses and strains of life, such as:

- Alcohol or drug dependency • Child care/elder care
- Grief • Family or parenting issues
- Marital or relationship issues • Self-improvement
- Work/life balance • Prenatal and postnatal concerns

As a Louisville Metro Government employee, you and your family can receive up to five counseling sessions per incident at no cost. To use your EAP benefit, call Magellan Health at 800-588-8143 or visit www.MagellanAscend.com. Note: When you set up your profile online and are asked for COMPANY NAME, simply type in "Louisville" and select the appropriate answer from the dropdown box, either Louisville Metro or Louisville Metro Police.

TeleHealth Service

Magellan offers TeleHealth, a convenient and confidential service that provides online virtual appointments with a

counselor.

We are committed to making the EAP more accessible for all our members. This service allows users to "see" an EAP provider in the privacy of their own home, car or office using a PC, tablet or smart phone. Similar to other EAP services, telehealth sessions are provided at no cost to members.

When members use the Provider Search, a Telehealth icon by the provider names under specialties indicates they accept TeleHealth appointments.

When members call the toll-free number, they can ask to be referred to an EAP provider who provides TeleHealth services.

CHILD CARE ASSISTANCE

The Child Care Assistance program provides you with financial assistance as designated by Metro Ordinance 35.006 in an effort to cover a portion of the cost of child care expenses for employees who meet the eligibility requirements. The program is available to part-time employees who earn \$10.20 per hour or less and full-time employees who met the Earned Income Tax Credit requirements in the previous year. Assistance is contingent upon available funding and the employee following the application process. For more information, please contact Metro HR Benefits at 574-3124 or by email at mybenefits@louisvilleky.gov.

KENTUCKY EDUCATIONAL TRUST

As a Louisville Metro employee, you have the opportunity to participate in the Kentucky Education Savings Plan Trust. KESPT (Kentucky's "529" program) allows anyone – a parent, grandparent, relative or friend – to set aside money for a child's college education through convenient payroll deductions. Earnings are exempt from federal and Kentucky income tax if used for qualified higher education expenses.

For more information about the Kentucky Education Savings Plan Trust, please call the toll free number at 877-598-7878 or visit the web site at www.kentuckytrust.org.

EMPLOYEE TUITION REIMBURSEMENT PROGRAM

Louisville Metro Government supports our employees' pursuit to acquire education to enhance their skills and/or prepare for career-related promotional opportunities. Through the Employee Tuition Assistance Program, eligible employees can obtain up to \$2,000 per fiscal year for specified tuition/textbook costs. Please note that tuition assistance is contingent upon available funding and the employee following the mandated application process. For more information about the Employee Tuition Assistance program, please call 574-4796. You can also learn more about the program in the Employee Personnel Policies handbook, which is available via MyMetro or through your department HR representative.

BANK ON LOUISVILLE

Now that all Louisville Metro Government employees receive their pay through direct deposit, we will help any employee who doesn't have a bank account get one. Bank On

Louisville, in partnership with Fifth Third Bank, provides help in learning to manage money and automatically offers bank accounts to most who complete the course. You may also attend the “Money Matters” classes offered through Metro Training University to learn more about handling finances.

Free Tax Preparation Service

Louisville Metro Government employees may be eligible for free tax preparation services through the Volunteer Income Tax Assistance Program (VITA). To qualify for VITA’s free tax preparation services, employees and their household must earn less than \$64,000 during the tax year for which they are filing a return. For full eligibility details and more information about VITA, please visit <https://labcservices.org>. Details about accessing VITA services for Metro Government employees will be made available prior to tax season. Please contact Erin Waddell at 574-3082 or Erin.Waddell@louisvilleky.gov for any additional questions.

CONTACTS

BENEFIT/ORGANIZATION	PHONE	ONLINE
Metro Employee Wellness Center Managed by Concentra	502-574-CARE (574-2273) Fax: 502-574-7853	
Medical Plans Humana Humana Nurse Advice Line SmartShopper	800-601-5031/800-448-6262 800-622-9529 866-285-7340	www.humana.com www.smartshopper.com
Pharmacy Humana Pharmacy Solutions	800-865-8715	www.humana.com
Health Reimbursement Accounts (HRAs) WageWorks	800-228-5762	www.spendingaccounts.info https://myspendingaccount.wageworks.com
Dental Plans Delta Dental of Kentucky	800-955-2030	www.deltadentalky.com
Vision VSP	800-877-7195	www.vsp.com
Life and AD&D Lincoln Financial Group	800-423-2765	www.lincoln4benefits.com
Long-Term Disability Lincoln Financial Group	800-423-2765	www.lincoln4benefits.com
Flexible Spending Accounts (Medical & Dependent) WageWorks	1-800-228-5762	www.spendingaccounts.info https://myspendingaccount.wageworks.com
Voluntary Insurance Plans Allstate Benefits AFLAC	502-744-8580 502-386-2779	www.allstatebenefits.com/mybenefits www.aflac.com
Purchasing Power	1-866-670-3477	www.LouisvilleMetro.PurchasingPower.com
Kentucky Educational Trust	877-598-7878	www.kentuckytrust.org
Nationwide Retirement Systems Deferred Compensation	502-794-0150	www.nrsforu.com
Employee Assistance Program (EAP)	800-588-8143	www.magellanhealth.com/member
Child Care Assistance MetroHR Benefits	502-574-2642	mybenefits@louisvilleky.gov
Metro Technology Help Desk	502-574-4444	
Kentucky Retirement Systems	800-928-4646	www.kyret.ky.gov
MetroHR Benefits	502-574-8100	mybenefits@louisvilleky.gov
Employee Tuition Assistance Program	502-574-4796	
Tax Preparation	502-574-3082	http://labcservices.org
Tobacco Cessation Program Sponsored by LMG Public Health & Wellness	502-574-STOP (502-574-7867)	

WORKSHEET

BENEFIT	YOUR ELECTION	LEVEL/AMOUNT OF COVERAGE
Medical Page 14	Check one: <input type="checkbox"/> Humana Managed Choice <input type="checkbox"/> Humana Balanced Choice <input type="checkbox"/> Humana Choice <input type="checkbox"/> No Coverage	Check one: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Employee + QA <input type="checkbox"/> Employee + Children + QA <input type="checkbox"/> Employee + Children+ Spouse
Medical Reimbursement Account (FSA) Page 13	<input type="checkbox"/> Medical Reimbursement Account <input type="checkbox"/> No coverage	Enter the annual amount(s): \$_____ (max. \$2,700)
Dental Page 16	Check one: <input type="checkbox"/> Delta Preferred (PPO) <input type="checkbox"/> DeltaCare DC16 (Dental DHMO) <input type="checkbox"/> Delta Premier (Indemnity) <input type="checkbox"/> No Coverage	Check one: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Employee + QA <input type="checkbox"/> Employee + Children + QA <input type="checkbox"/> Employee + Children + Spouse
Vision Page 17	Check one: <input type="checkbox"/> Coverage <input type="checkbox"/> No Coverage	Check one: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Employee + QA <input type="checkbox"/> Employee + Children + QA <input type="checkbox"/> Employee + Children + Spouse
Dependent Life Page 18	Cost for Dependent Life is the same no matter how many dependents are enrolled	Check one: <input type="checkbox"/> No Dependent Life <input type="checkbox"/> Dependent Life
Supplemental Life Page 19	Check one: <input type="checkbox"/> Basic Life Only (No Supplemental) <input type="checkbox"/> Supplemental Life	Enter amount for Supplemental Life: \$_____
Dependent Care Account (FSA) Page 21	<input type="checkbox"/> Dependent Care Account <input type="checkbox"/> No coverage	Enter the annual amount(s): \$_____ (max. \$5,000)
Voluntary Insurance Plans Page 22	Allstate Benefits: <input type="checkbox"/> Cancer <input type="checkbox"/> Universal Life <input type="checkbox"/> Critical Illness AFLAC: <input type="checkbox"/> Accident <input type="checkbox"/> Short-Term Disability <input type="checkbox"/> Hospital Indemnity	Please Note: You cannot enroll for voluntary insurance through the online enrollment process. You must sign up through a voluntary insurance representative.

INFORMATION ABOUT YOUR DEPENDENTS

[illegible]



LOUISVILLE METRO GOVERNMENT
GREG FISCHER, MAYOR

